

U.S. DEPARTMENT OF AGRICULTURE NATURAL RESOURCES CONSERVATION SERVICE		NRCS-IRM-03 8/2008	
<b>Information System Security</b> <b>Request for User Access to ITS Resources</b> Upon completion, file in Official ISSPOC Folder			
Type of Request: <input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Move <input type="checkbox"/> Deletion		Date:	
<b>Part I (Completed by Supervisor/Office Manager/COR/COTR)</b>			
Employee/User Name: (Last, First, MI):		Nickname:	Generation: (Jr, Sr, II, III...)
Position Title:	Reporting Date:	E-mail:	Phone:
Organization: (Site ID/Site Name, Office ID or Office Name, Address, City, State, Zip)			
Partner/Affiliate/Company or Organization Name:			
Contractor Task#:		COR/COTR Name:	
COR/COTR Email:		Phone:	
<b>Access Required:</b> (Note: Access to NRCS applications is not requested through this process. Refer to the Information Technology Assistance SOP: <a href="http://directives.sc.egov.usda.gov/viewerFS.aspx?hid=21603">http://directives.sc.egov.usda.gov/viewerFS.aspx?hid=21603</a> )  ITS Activities: <input type="checkbox"/> (Active Directory, Workstation Setup, Email, etc) Specify Equipment Type: <input type="checkbox"/> Desktop <input type="checkbox"/> Laptop <input type="checkbox"/> Tablet <input type="checkbox"/> Blackberry  Remote Access: <input type="checkbox"/> Dial/up <input type="checkbox"/> VPN (Cisco Virtual Private Network Software Required)  <input type="checkbox"/> Shared Drive Permissions Specify Shared Drive needed: _____ (Example: share name and folders, server name, permission level (read, write, full))  <input type="checkbox"/> Encryption Exemption (Supervisor justification required below)  <input type="checkbox"/> Local Admin (Supervisor justification required below)  <input type="checkbox"/> Additional Software Requests _____  <input type="checkbox"/> Other Access Requests: _____  <b>Note:</b> NITC/NFC access requests/modifications require an NRCS-IRM-04 form  <b>Elevated Privileges:</b> <input type="checkbox"/> WebFarm (Signed Accounts and Permissions Request Form Required)  <input type="checkbox"/> Secure Remote (Signed Network Waiver Request Form Required)  <b>Move Information:</b> <b>From</b> (Office ID, Office Name, City, State): _____  <b>To</b> (Office ID, Office Name, City, State): _____			
Justification for access:			
<b>Verification of Need to Know</b> I certify that this user requires access as requested in the performance of his/her job function.			
Supervisor/Office Manager/Contracting Rep Name: (Last, First, MI)			Phone Number:
Signature of Supervisor/Office Manager/Contracting Rep:			Date:

<b>Part II (Completed by Human Resources Staff)</b>			
<b>EmpowHR or Non-Employee Identity System (NEIS)/Affiliate ID (required for email access):</b>			
<b>Type of Investigation Requested:</b>		<b>Date Paperwork Received:</b>	<b>Date of Initiation:</b>
<b>Clearance Level: (None, Secret, etc.)</b>	<b>Type of Investigation (NAC, NACI...):</b>	<b>Date Investigation Completed:</b>	
<b>Completed and Signed NRCS-IRM-02 (Computer User Security Agreement):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If No, Justification:</b>	
<b>HR Manager/Representative Name: (Last, First, MI)</b>		<b>Phone Number:</b>	
<b>HR Manager/Representative Signature:</b>		<b>Date:</b>	
<b>Part III (Completed by Center/State Training Officer or Designee)</b>			
<b>Completed Computer Security Awareness Training:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Completed Privacy Basics Training:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If No, Justification:</b>	
<b>Training Officer or Designee Name: (Last, First, MI)</b>		<b>Phone Number:</b>	
<b>Training Officer or Designee Signature:</b>		<b>Date:</b>	
<b>Part IV (Completed by ISSPOC)</b>			
<b>ISSPOC Name: (Last, First, MI)</b>		<b>Phone Number:</b>	
<b>Magic Ticket number for request:</b>		<b>Date requested:</b>	<b>Date completed:</b>
<b>ISSPOC's Signature:</b>		<b>Date Signed:</b>	